



## Hall of Honor Form

*All new nominations and re-nominations must be received by Sept. 1st.*

Nominee's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of retirement from TABC: \_\_\_\_\_ Total years worked for TABC: \_\_\_\_\_

Date(s) of employment with TABC: \_\_\_\_\_

Title of last position held at TABC: \_\_\_\_\_

If nominee was a commissioned peace officer, did they receive an honorable discharge?

☐ Yes ☐ No (must attach F5 verification document)

Is nominee deceased? ☐ Yes ☐ No

Is this a re-nomination of a person who was not selected previously? ☐ Yes ☐ No

**Please send a digital image of the nominee with the submission of this form and write a narrative summary describing the nominee's achievements and contributions in the space below:**

\_\_\_\_\_



**Narrative continued:**

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**Nominator's Statement:** I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformance with the Nomination Guidelines. I agree to provide additional information if requested by the Texas Alcoholic Beverage Commission Nomination Committee.

Nominator's name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

Nominator's email address: \_\_\_\_\_

Nominator's signature: \_\_\_\_\_

*Please note: Only the nominator will be notified if their nominee is not selected.*

Open this PDF using [Adobe Acrobat Reader](#) to use the submit button or email this document to [HallOfHonor@tabc.texas.gov](mailto:HallOfHonor@tabc.texas.gov).

**Mail this form and complete nomination packet to:**

**Texas Alcoholic Beverage Commission  
Hall of Honor Nomination Committee  
5806 Mesa Drive  
Austin, TX 78731**